

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED

2014 OCT 28 PM 12:02

Office Use Only

FEDERAL CENTER

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

C a r l o s F o r C o n g r e s s

ADDRESS (number and street)

3 0 3 0 P a r k N e w p o r t



Check if different
than previously
reported. (ACC)

N e w p o r t B e a c h

C A

9 2 6 6 0 - 5 8 3 4

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C 0 0 5 5 8 4 6 0

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

C A

4 6

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 4

in the
State of

C A

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y
1 0 / 1 5 / 2 0 1 4

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
1 0 / 0 1 / 2 0 1 4

through

M M / D D / Y Y Y Y Y Y
1 0 / 1 5 / 2 0 1 4

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.

Type or Print Name of Treasurer Carlos Vazquez

Signature of Treasurer

Carlos Vazquez

Date

M M / D D / Y Y Y Y Y Y
1 0 / 2 0 / 2 0 1 4

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
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FEC FORM 3
(Revised 02/2003)